



Public Health

2015 SWIMMING POOL PERMIT RENEWAL AND FEE NOTICE

Dear Pool Operator,

The pool operator/owner/manager must complete and return to the Health Department the attached Application for Operation Permit and make payment of fee for each pool, wading pool, or spa at the facility.

Checks should be made payable to the Durham County Health Department (Tax ID # 56-6000297) and returned with the completed application(s). Corporate checks mailed directly to the Health Department separate from the applications must clearly note on the check the facility name and permit number(s) for each pool for which payment is being made. Facilities with multiple pools may total fees due and write one check.

COMPLETED APPLICATIONS AND CHECKS CAN BE RETURNED IN PERSON OR BY MAIL TO THE:

DURHAM COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
414 E MAIN STREET
DURHAM NC 27701
ATTN: SWIMMING POOL PROGRAM

OR APPLICATIONS FAXED TO 919-560-7830 OR EMAILED TO healthinspector@dconc.gov
AND FEES PAID BY VISA OR MASTERCARD AT 919-560-7800

IMPORTANT INFORMATION AND RENEWAL INSTRUCTIONS ON BACK OF NOTICE



Environmental Health Division
Human Services Building | 414 East Main Street, Durham, North Carolina 27701
(919) 560-7800 | Fax (919) 560-7830 | dconc.gov/publichealth
Equal Employment/Affirmative Action Employer

- THE OPERATOR FOR THE POOL FACILITY IS RESPONSIBLE FOR CONTACTING THE ENVIRONMENTAL HEALTH DIVISION AT 919-560-7800 TO SCHEDULE A PERMITTING INSPECTION OF THE POOL(S) BEFORE OPENING THE POOL(S). Pools cannot operate without a valid Operation Permit. Inspections will be scheduled ONLY when the Environmental Health Division has received a completed application and fee payment.
- All pools must be VGB compliant. No permit will be issued if documentation of VGB compliance is not on file with the health department. Please complete the Pool Drain Safety Compliance Data sheet if your pool's VGB information is not current.
- Seasonal pools (operation is limited to April 1 through October 31) should be ready and opening inspections scheduled at least one week prior to the proposed opening date. The pool must be in normal operating condition; that includes, clear, chemically balanced water, safety equipment properly displayed, depth markers and no diving warnings provided as required, operable emergency telephone, etc. Health Department staff should be able to accommodate your inspection request when your pool is ready. Time, budget, and staffing concerns will not permit waiting on site for deficiencies to be corrected or for same day return inspections.
- Pools unprepared for inspection and those denied an operation permit will be rescheduled only after a \$50 re-inspection fee has been paid.
- Please take the following dates into account when scheduling inspections – graduation weekend for all area universities is **May 9-10, 2015** and Memorial Day weekend is **May 23-25, 2015**. Prepare and plan ahead if you expect to be permitted and operating on these weekends.

Year Round Pools

- Applications and fees should be returned to the health department before the first of the month of the month the permit expires.
- Once applications and fees have been received in the Environmental Health Division, unannounced inspections will be made during the month the permit is scheduled to expire to reissue the permit.

ALL POOLS

- Pool operators new to a facility must provide a photocopy of current/valid pool operator training certificate with the application. All operators need to check certificate expiration dates and renew certification as necessary.
- A reminder – A trained pool operator must visit the pool daily and complete the daily pool check sheet.
- A reminder - Chlorine and pH are to be read and recorded in the pool log DAILY and Alkalinity and Cyanuric Acid levels read and recorded weekly.
- A reminder - After dark swimming is only allowed if the pool meets the provisions of 15A NCAC 18A Section .2524. Use a light meter or arrange for an after dark inspection to determine if you meet the rule requirements.

Seasonal Pools

- THE OPERATOR FOR THE POOL FACILITY IS RESPONSIBLE FOR CONTACTING THE ENVIRONMENTAL HEALTH DIVISION AT 919-560-7800 TO SCHEDULE A PERMITTING INSPECTION OF THE POOL(S)

Pool Program Coordinator

Your contact information for swimming pool related concerns is John Williams at 919-560-7800 or by email at jcwilliams@dconc.gov



Public Health

Pool Drain Safety Compliance Data

Name of Pool _____

Permit Number for Pool _____

Address _____

Pump System Flow

Pump Manufacturer _____ Model Number _____

Maximum Pump Flow (manufacturer's specifications) _____ gallons per minute

Maximum Pumping System Flow is reduced to _____ gpm based on:

Measured Total Dynamic Head loss of _____ feet;

Calculated Total Dynamic Head loss of _____ feet;

Magnetic flow meter reading of _____ gpm;

Automatic flow limiting valve factory set at _____ gpm

(Provide supporting evidence for flow reduction)

Drain Cover/Grate/Skimmer Equalizer Data

Number of drains on same pumping system _____

Distance between drains (on centers) _____

Cover/grate manufacturer _____, model _____

Maximum flow rating of cover/grate _____ gpm (floor); _____ gpm (wall)

Date drain cover/grates installed: ____/____/____ Expiration date: ____/____/____

Number of operable skimmer equalizers _____

Equalizer fitting Manufacturer _____ model _____

Equalizer fitting maximum flow rating _____

Date equalizer cover/grates installed ____/____/____ Expiration date: ____/____/____

Print Full name of person providing this information _____

Signature _____ Date ____/____/____



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Office Use Only

Date Rec ____/____/2015

Date Paid ____/____/2015

Amount \$_____

Cash Credit Check #_____

Seasonal/Year Round

50/53 Pool \$200 1st pool

50/53 Add Pool per site \$150
ea.

51/54 Wading Pool \$100 ea.

52/55 Spa \$100 ea.

PUBLIC SWIMMING POOL OPERATION PERMIT APPLICATION

POOL INFORMATION

POOL/FACILITY NAME_____

STREET ADDRESS OF POOL_____

PHONE # OF POOL EMERGENCY PHONE_____

PERMIT #_____ POOL OPERATIONS (circle) YEAR ROUND or SEASONAL

YEAR POOL WAS CONSTRUCTED_____

TYPE OF DISINFECTANT (circle) CHLORINE BROMINE CL2 GENERATOR (SALT)

-Application information for (circle one) additional Pool/ Spa/Wading Pool at the same street address-

• PERMIT #_____ YEAR POOL WAS CONSTRUCTED_____

TYPE OF DISINFECTANT (circle one) CHLORINE BROMINE CL2 GENERATOR (SALT)

- Application information for (circle one) additional Pool/ Spa/Wading Pool at the same street address-

• PERMIT #_____ YEAR POOL WAS CONSTRUCTED_____

TYPE OF DISINFECTANT (circle one) CHLORINE BROMINE CL2 GENERATOR (SALT)

FACILITY OWNER OR LOCAL MANAGEMENT INFORMATION

NAME OF OWNER/MANAGEMENT COMPANY_____

MAILING ADDRESS _____

CITY_____ STATE_____ ZIP CODE_____

CONTACT PERSON_____ OFFICE PHONE NUMBER_____

FAX NUMBER_____ EMAIL _____



Public Health

ADDRESS FOR RENEWAL APPLICATION AND ANNUAL FEE NOTICE IF DIFFERENT FROM ABOVE

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

FACILITY/POOL IS OPERATED/MANAGED BY (Check One)

- POOL OPERATOR TRAINED ON-SITE STAFF
- A CONTRACTED POOL MANAGEMENT COMPANY
- A SHARED ARRANGEMENT BETWEEN CONTRACTED POOL COMPANY AND ON-SITE STAFF

ON-SITE STAFF/OPERATOR(S)

NAME _____ CERTIFICATE NUMBER _____

NAME _____ CERTIFICATE NUMBER _____

NAME _____ CERTIFICATE NUMBER _____

POOL COMPANY INFORMATION

POOL MANAGEMENT COMPANY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT PERSON _____ PHONE NUMBER _____

FAX NUMBER _____ EMAIL _____

LOCK BOX COMBINATION _____ LOCATION _____

*** IS THIS POOL VGB COMPLIANT ☐ Yes or ☐ No Drain Expiration Date ____/____/____ ***

Signature

Print Name

Date



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